

Request to Participate in the Actuarial Study Program

Name: _____

Exam Title: _____ Exam Date: _____

Activity Requested:

- | | | |
|-----|---|----------|
| (1) | Study Time (weekly schedule to be submitted to manager) | _____ |
| | | Yes/No |
| (2) | Exam Fees | \$ _____ |
| (3) | Exam Study Materials | \$ _____ |
| (4) | Exam Preparation Seminar (Reimbursement upon proof of passing exam within agency travel policies up to \$2,500) | \$ _____ |

Employees must pass at least one exam over a rolling two-year period.

_____ *This is my first exam while participating in OSA's Study Program.*

I first began OSA's Actuarial Study Program on _____.

I passed my most recent actuarial exam on _____.

Employee Signature

Date

Approved by:

Supervisor

Date

State Actuary

Date